

STATE OF ARKANSAS
Amended Individual Income Tax Return

•1999

FULL YEAR RESIDENTS AMENDING TAX YEAR 1999

OR FISCAL YEAR ENDING _____ 19 ____ •

FOR OFFICE USE ONLY	• File Date	• Amount Paid	• Your Social Security Number
• First Name and Initial: <i>(List both if applicable)</i>	• Last Name		• Spouse Social Security Number
• Present Address: Number and Street, Apartment Number or Rural Route			• Prep. I.D.
• City, Town or Post Office, State and Zip Code		Telephone Numbers Work: _____	Home: _____

CHECK ONLY ONE BOX BELOW:

- | | |
|--|--|
| <p>1. <input type="checkbox"/> SINGLE: <i>(Or widowed or divorced before the end of the tax year you are amending.)</i></p> <p>2. <input type="checkbox"/> MARRIED FILING JOINT: <i>(Even if only one had income)</i></p> <p>3. <input type="checkbox"/> HEAD OF HOUSEHOLD:
If the qualifying person is your child but not your dependent, enter this child's name here: _____</p> | <p>4. <input type="checkbox"/> MARRIED FILING SEPARATELY ON SAME RETURNS:</p> <p>5. <input type="checkbox"/> MARRIED FILING SEPARATELY ON DIFFERENT RETURNS:
<i>(Enter spouse's full name here and SSN above).</i> _____</p> <p>6. <input type="checkbox"/> QUALIFYING WIDOW(ER): with dependent child. <i>Year spouse died:</i> 19 ____ .</p> |
|--|--|

7A. <input type="checkbox"/> YOURSELF <input type="checkbox"/> 65 or OVER <input type="checkbox"/> 65 SPECIAL <input type="checkbox"/> BLIND <input type="checkbox"/> DEAF <input type="checkbox"/> HEAD OF HOUSEHOLD/ <input type="checkbox"/> SPOUSE <input type="checkbox"/> 65 or OVER <input type="checkbox"/> 65 SPECIAL <input type="checkbox"/> BLIND <input type="checkbox"/> DEAF QUALIFYING WIDOW(ER)	
7B. First name(s) of dependent(s): _____ Multiply number of boxes checked from Line 7A <input type="checkbox"/> x 20.00 = _____	00
7C. First name(s) of Developmentally Disabled Individual: _____ Multiply number of dependent(s) from Line 7B <input type="checkbox"/> x 20.00 = _____	00
7D. TOTAL PERSONAL CREDITS: <i>(Add Lines 7A through 7C. Enter total here and on Line 18)</i>7D	00

Has Your Tax Return Been Adjusted By the IRS? ☐ Yes ☐ No If Yes, Attach Reports.

INCOME	PART 1: ORIGINAL		PART 2: AMENDED	
	A. YOURS	B. SPOUSE	A. YOURS	B. SPOUSE
8. Total Income:	00	00	00	00
9. Adjustments to Income:	00	00	00	00
10. Adjusted Gross Income:	00	00	00	00
11. Itemized/Standard Deductions:	00	00	00	00
12. Net Taxable Income:	00	00	00	00

TAX COMPUTATION

13. Select tax table: <i>(Enter tax from table).</i> <input type="checkbox"/> LOW INCOME Table 1 <input type="checkbox"/> REGULAR Table 2	13. <input type="checkbox"/> A. YOURS 00 <input type="checkbox"/> B. SPOUSE 00
14. Tax: <i>(Enter total from Lines 13A and 13B).</i>	14. 00
15. Enter tax from ten (10) year averaging schedule: <i>(Attach AR1000TD).</i>	15. 00
16. IRA and qualified plan withdrawal and overpayment penalties: <i>(Attach Federal Form 5329 if required).</i>	16. 00
17. TOTAL TAX: <i>(Add Lines 14 through 16. Enter here).</i>	17. 00

TAX CREDITS:

18. Personal tax credit(s): <i>(Enter total from Line 7D).</i>	18. 00
19. Working Taxpayer Credit: <i>(See Instructions. Attach AR1328).</i>	19. 00
20. State Political Contributions Credit: <i>(Attach Schedule).</i>	20. 00
21. Other State tax credit(s): <i>[Attach copy of other State return(s)].</i>	21. 00
22. Child care credit(s): <i>(Attach Federal Form 2441 or 1040A, 20% of Federal credit allowed).</i>	22. 00
23. Credit for adoption expenses: <i>(Attach Federal Form 8839, 20% of Federal credit allowed).</i>	23. 00
24. Phenylketonuria Disorder Credit: <i>(See Instructions, Attach AR1113).</i>	24. 00
25. Business and incentive tax credits: <i>(Attach Schedule and certificate).</i>	25. 00
26. TOTAL CREDITS: <i>(Add Lines 18 through 25).</i>	26. 00
27. NET TAX: <i>(Subtract Line 26 from Line 17. Enter here).</i>	27. 00

28. NET TAX: (From Line 27).		28.		00
PAYMENTS				
29. Arkansas Income Tax withheld:	29.		00	
30. Estimated tax paid or credit brought forward from last year:	30.		00	
31. Early childhood program: Certification No.: (Attach Federal Form 2441 or 1040A, 20% of Federal credit allowed and Certification Form AR1000EC).	31.		00	
32. Amount Paid with Return:	32.		00	
33. Amount Paid after Return was filed:	33.		00	
34. TOTAL PAID: (Add Lines 29 through 33. Enter here).	34.		00	
35. Enter prior Overpayment/Refund/Estimate carried forward:	35.		00	
36. TOTAL PAYMENTS: (Subtract Line 35 from Line 34. Enter here).	36.		00	
REFUND OR TAX DUE				
37. AMOUNT TO BE REFUNDED TO YOU: (If Line 36 is greater than Line 28, enter the difference here).		37.		00
38. AMOUNT DUE: (If Line 28 is greater than Line 36, enter the difference here).		38.		00
PLEASE SIGN HERE				
Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Your Signature:		Occupation:		Date:
Spouse's Signature:		Occupation:		Date:
Paid Preparer's Signature:			ID Number / SSN:	
Name:	City/State/ZIP:		<i>Mail to:</i> Arkansas State Income Tax Amended Tax Group P. O. Box 3628 Little Rock, Arkansas 72203-3628	
Address:	Telephone:			
Required: Explanation for filing Amended Return:				